PATENT APPLICATION FEE DETERMINATION RECO								טפי	Application or Docket Number					
			Effect	/NU	09842128									
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE				R THAN	
TC)TAL C	CLAIMS		47	2			-	RATE	FEE	OR 7	RATE	FEE	
FO)R			NUMBER	FILED	NUMF	BER EXTRA	B	ASIC FEE	 	OR	BASIC FEE		
то	TAL CI	HARGE!	ABLE CLAIMS	47 mi	47 minus 20=		. 27		X\$ 9=	†	OR	740.0	real	
INC	DEPEN	DENT CL	LAIMS	7 m	/ minus 3 =		. 4		X40=	 	1	Vác	900	
MU	ILTIPLE	DEPEN	NDENT CLAIM P	RESENT	RESENT				X40=		OR	X80= ,	320	
* If	the dif	Herence	in column 1 is	loce than 7	oro ente	- 40° in		Ŀ	+135=		OR	+270=		
••	uio						column 2	1	TOTAL	·	OR	TOTAL	1516	
		C	CAIMS AS A (Column 1)	MENDEL			(Catuma 2)	ç) 1A 84	ENTITY	∩ □	OTHER		
A		1 30	CLAIMS	2000	(Colum	HEST	(Column 3)	1 -	MALL	ADDI-	OR]	SMALL		
			REMAINING AFTER AMENDMENT	NUME PREVIO			DUSLY FXTRA		RATE	TIONAL		RATE	ADDI- TIONAL	
AMENDMENT	Total		. 43	Minus	· · ·		= -		X\$ 9=	KEE		X\$18=	FEE	
ME	Indepe	endent	· 4	Minus	1 7		=	l ⊩			OR			
4	FIRST	PRESE	NTATION OF MU	ULTIPLE DE	PENDENT	CLAIM	 		X40=		OR	X80=		
_								' +	-135 =		OR	+270=		
								ADI	TOTAL DIT. FEE		ОП	TOTAL ADDIT. FEE		
		Total dig to the term	(Column 1)		(Colun		(Column 3)	• • • •	D11. 1 C.			AUUH, FEE	/	
9			CLAIMS REMAINING		HIGHI NUME	BER	PRESENT			ADDI-	1		ADDI-	
AMENDMENT			AFTER AMENDMENT		PREVIO PAID F		EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
S	Total		•	Minus	••		=	×	(\$ 9=		OR	X\$18=		
AM	Indepr FIRST		NTATION OF MU	Minus	***	- 21 2184	-	>	X40=		OR	X80=		
	filte.	FALUE.	NIAHON OF WIL	LIPEE DEF	ENDEN	CLAIM		<u> </u>	135=		1	070-		
								۲	TOTAL		OR	+270= TOTAL		
			(Column 1)		(Calur	2)	** *	ADD	OIT. FEE		OR A	ADDIT. FEE	F	
.,		F 22.	(Column 1) CLAIMS		(Colum	EST	(Column 3)	_			г		·	
AMENDMENT C			REMAINING AFTER		NUMB PREVIO	DUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
SE !	Total	A STATE	AMENDMENT	Minus	PAID F	OR		-		FEE	-		FEE	
EN	Indep	ndent		Minus	**		=	X	\$ 9=	,	OR	X\$18=		
Ā			NTATION OF MU		I	CLAIM	-	X	(40=		OR	X80=		
			1			 ;	, 	+1	135=		OR	+270=		
** 11	i the	riest Nun	mn 1 is less than the mber Proviously Pai	aid For IN THIS	S SPACE is	s less thán	n 20 onter "20 "	L_	TOTAL		L	TOTAL		
***11	ii ine 🗀 -	hesi Nun	mber Previously Paid ther Previously Paid	aid For IN THIS	IS SPACE is	s less than	n 3 antar *3 *	ADDI	IT. FEE 👢			DDIT, FEE		
		****	2011.101.020.7.	/101 (10th) C.	Il ineher we	Util 12 mis	nignesi number	toung ir	n the appr	opriate box	in colu	.mn 1.		

FORM PTC (Rev. B/00)

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